

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 101759138
APPLICANT(S)

FILED DATE

| CLAIMS | | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | ORIGINAL | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 3 | | | | | |
| TOTAL DEP. | 18 | | | | | |
| TOTAL CLAIMS | 21 | | | | | |

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